



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

ENVIRONMENT OF CARE COORDINATING GROUP

Effective Date: June 6, 2003

Policy #: SF-03

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I. PURPOSE:

- A. To address all areas of hospital operation in an attempt to ensure and improve safety for all patients, staff, and visitors.
- B. To ensure a safe working environment by requiring supervisors to enforce training, documentation, and safety practices set forth in various hospital safety programs.

II. POLICY:

- A. It is the policy of Montana State Hospital to maintain a safe environment for patients, staff and visitors.
- B. All department supervisors and staff are required to fully comply with the requirements set forth in the Montana State Hospital Hazardous Communications, Confined Space, Lock Out-Tag Out, Exposure Control Plan, and Respiratory Protection programs.

III. DEFINITIONS:

- A. Environment of Care Coordinating Group -- A committee charged with overseeing all aspects of safety at Montana State Hospital. The committee is composed of employee and employer representatives.
- B. Hazcom Program -- A written program that outlines Montana State Hospital's "right to know" program.
- C. Confined Space Program -- A written program that is designed to protect employees from hazards when entering and working in confined spaces.
- D. Lock Out-Tag Out Program -- A written program that is designed to prevent accidents caused by the uncontrolled release of hazardous energy.
- E. Exposure Control Plan -- A written plan that is designed to minimize the likelihood of exposure to blood or body fluids.
- F. Respiratory Protection Program -- A written program designed to ensure protection from respiratory hazards.

- G. Safety Manual -- A written document that outlines the Hazcom Program, Confined Space Program, Lock Out-Tag Out Program, Exposure Control Plan and Respiratory Protection Programs. This manual will be provided to all new employees.

IV. RESPONSIBILITIES:

A. The Safety Officer will:

1. Chair the Environment of Care Coordinating Group to ensure all aspects of safety at Montana State Hospital are addressed on an on-going basis.
2. Work with the Environment of Care Coordinating Group and department supervisors to ensure compliance with Montana State Hospital's Hazcom Program, Confined Space, Lock Out-Tag Out, Personal Protective Equipment and Respiratory Protection Programs.

B. Supervisors are responsible for:

1. Addressing safety issues and documenting in staff meeting minutes.
2. Bringing safety issues to Environment of Care Coordinating Group and ensuring resolution of safety issues in their area.
3. Reviewing missing/damaged equipment or property.

C. All employees are responsible for reporting injuries, safety concerns, missing/damaged property or equipment to their supervisor.

V. PROCEDURE:

- A. The Environment of Care Coordinating Group will meet at least quarterly to address safety issues including Incident Report trends, fire drills, updating and revising Environment of Care Plans (safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems), safety documents including the Disaster Plan, the Safety Manual, and updating of safety policies and procedures.
- B. Individuals assigned responsibility in MSH safety programs will assure compliance with all aspects of the safety program. Department directors are responsible for assuring that program responsibilities are incorporated into each individual's position description and annual performance evaluation.
- C. Supervisors will document all training by sending the required documentation to the MSH Staff Development Department.

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- VI. REFERENCES:** Montana Safety Culture Act
- VII. COLLABORATED WITH:** Safety Officer, Director of Human Resources, Facility Maintenance Manager, and the Housekeeping Supervisor
- VIII. RESCISSIONS:** #SF-03, *Environment of Care Coordinating Group* dated February 14, 2000; 6-C.040789 – *Safety Committee* dated May 18, 1995; SF-02-96-N – *Safety Manual* dated October 1, 1996; SF-05-96-N – *Safety Program* dated July 1, 1996; and AM-05-01 – *Loss Control (Safety) Program* dated July 10, 1995.
- IX. DISTRIBUTION:** All hospital policy manuals
- X. REVIEW AND REISSUE DATE:** June 2006
- XI. FOLLOW-UP RESPONSIBILITY:** Safety Officer
- XII. ATTACHMENTS:** None

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Ed Amberg
Hospital Administrator

Date

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Connie Worl
Director of Quality Improvement

Date